

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

ELECTION DEPT. SOMERVILLE, MA

File	with

С

Candidate signature (in ink)

ity or Town Clerk or Election Commission Please print or type all in	formation, except signatures. 2012 JAN 18 A 10:37
Fill in dates: Reporting Period Beginning / Date Y	Ending 12 Date Year 3/ 20//
Type of report: (Check one) 8th day preceding preliminary 8th day preceding election	on □30 day after election ⊅year-end report □dissolution
Full Name of Candidate (if applicable) Office Sought and District OHOWE STREET. Score Reville	Exic Limpedecation Name of Committee Treasurer
Residential Address Tel. No. (optional)	Committee Mailing Address Tel. No. (optional)
Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used	\$\frac{3041.11}{3041.11} \text{eriod (page 3, line 14)} \$\frac{5}{3041.11} \text{this period (page 4)} \$\frac{5}{7239.87} \text{lities (page 4)} \$\frac{7239.87}{7239.87}
campaign finance activity, including all contributions, loans, receipts, expendi	is, to the best of my knowledge and belief, a true and complete statement of all stures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of f perjury: 12 - 3 / - 1 Date
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on behave not received any contributions, incurred any liabilities nor made any experimental Candidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditu	is, to the best of my knowledge and belief, a true and complete statement of all chalf of this committee in accordance with the requirements of M.G.L. c. 55. I enditures on my behalf during this reporting period. If it is to the best of my knowledge and belief, a true and complete statement of all res, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received			ınt	Occupation & Employer (for contributions of \$200 or more)		
	otal receipts in excess of \$50 (or listed above)	2				
	otal receipts \$50 and under* (not listed above) OTAL RECEIPTS IN THE PERIOD	00		Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
<u>i</u>				
		S. D. S.		
		Line 12: E	xpenditures over \$50	
		Line 13: E	xpenditures \$50 and under*	
E	nter on page 1, line 4	Line 14:T	OTAL EXPENDITURES	00

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under many her added

together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Wante
				,
·				
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	<u>50</u>

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the same and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occurpation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
8/2/07	Thomas McCarthy	10 Howe Street Somervill, MX.02145	- BANNER	500:
5/20/07	Bichard Sciences	10 Howe Street Somerille, MA.ODYS	Office Supplies - Space, USE, etc.	673.9.87
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	7239.87

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number Page 4 on each page.